tion of: Michael R. Rosen et al.

Serial No.: 09/505,458

Filed: February 11, 2000

FOT: CARDIAC REMODELING

COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450 Examiner: F. Oropeza

Group Art Unit: 3762

June 1, 2004

TECHNOLOGY CENTER R3700

S I R:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.P.R. § 1.9 and § 1.27 has been established by a verified statement previoualy submitted.

a verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.

No additional fee is required.

The filing fee is calculated as follows:

| | | | | | NUMBER OF | | RATE | | rae | | |
|---|-----------------------------------|---|---|---|------------------------------|----------|---------------------|-----------------|-----|-----------------|-----|
| | number After Amend- Ment | | BIGHEST NUMBER PREVIOUSLY PAID FOR | | EXTRA CLAIMS PRESENTED | • | SHALL ENTITY | OTHER ENTITY | | SMALL ENTITI | OT: |
| Total | 60 | - | • 60 | • | ••• 0 | × | \$9.00 | \$18.00 | - | 0 | |
| Independent | 9 | - | ** 9 | - | ••• o | × | \$ 43.00 | \$86.00 | - | 0 | |
| Claims Multiple Dependent Claims(s) Presented Yes X No For First Time: | | | | | | \$145.00 | \$290.00 | | 0 | | |
| | | | | | | | TOTAL ADDITIONAL 50 | | | | |

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, vrite "20" in this space.

"If the "EIGHEST NUMBER PREVIOUSLY PAID FOR" is less than

3, vrite "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

Applicants: Michael Rosen et al. U.S. Serial No.: 09/505,458

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Amendment Transmittal Letter

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The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed. Please charge Deposit Account No. in the amount of \$_ is enclosed. A check in the amount of \$___ The Commissioner is hereby authorized to charge X payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125 copies of this sheet are enclosed. Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims. Any patent application processing fees under

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Peter J. Phillips

Reg. No. 29,691

C/1/04

37 C.F.R. §1.17.

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